

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|--------------|-------------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 7-31-01 |
| FORMALITY REVIEW | C.H. M.H. | 1119 625 | 09-05-01 |
| RESPONSE FORMALITY REVIEW | | | 10-17-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) ... Canceled A Appeal
 ÷ Restricted 0 Objected

| Claim | Date | |
|----------|----------|---|
| Final | | |
| Original | 03/08/04 | |
| 1 | ✓ | ✓ |
| 2 | ✓ | ✓ |
| 3 | ✓ | ✓ |
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| Claim | Date | |
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| Final | | |
| Original | 51 | |
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| Claim | Date | |
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| Final | | |
| Original | 101 | |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy